MONTANA STATE PLAN & POLICY MANUAL CHAPTER EIGHT

Policy Number: 8.8 Returned Formula

Effective/Revised Date: October 1, 2012

Title: Returned Formula

Purpose

To guide Local Agency staff on returned formula procedures.

Authority

7CFR 246.12 and 246.13

Policy

Montana WIC Program allows the return of unopened formula for replacement.

I. Returned Formula

- A. A participant/guardian may return any unopened formula from the current benefit cycle and exchange it for a benefit with another type of formula.
 - 1. If a participant is changing between formula style staff will use the lowest maximum allowable reconstituted amount (i.e. powdered to concentrate).
- B. If a participant/guardian brings in unused benefits (from the same benefit cycle) with the unopened cans of formula, the unused benefit will need to be voided.
- C. Make a new food prescription with the correct type of formula.
 - Calculate the reconstituted value of the new type of formula so it does not exceed the maximum allowable for the participant's breastfeeding status and age category.

2. Formula Exchange Calculation:

- a. Subtract the amount of reconstituted formula already used (if any) from the total reconstituted amount.
- Divide this number by the reconstituted amount of formula to determine the number of containers/cans to issue on the reissued benefits.
- c. Round container/can amounts down to the nearest whole number.

d. An example:

A participant was issued 9 cans of Similac Advance.

The participant has used 2 cans already therefore returning 7 cans to the clinic.

The participant now has a prescription for Alimentum.

MONTANA STATE PLAN & POLICY MANUAL CHAPTER EIGHT

Since Similac Advance reconstitutes to 90 oz. per can, the participant has already used 180 oz. (2x90=180) out of the total 810 oz. issued (9x90=810).

Subtract 180 oz. from the total 810 oz. to get 630 oz. (810-180=630).

Divide 630 oz. by 115 oz.

This gives you 5.47 cans of Alimentum (630/115 = 5.47).

Issue 5 cans of Alimentum on reissued benefits.

- D. See Attachment Returned Formula Form and scan it into the participant's folder.
- E. A log of all returned formula will be kept by the local clinic and include:
 - 1. Date
 - 2. Participant Name
 - 3. Type of formula
 - 4. Number of unopened containers returned
 - 5. Where the formula was donated
- F. All formula returned with a current date will be donated to either a food bank, community program which provides food assistance or local health department.
 - 1. A receipt will be obtained from the donated site and kept with the log of returned formula.

Reconstituted Amounts of Commonly Issued Formulas

								Substantially Breastfeeding				
	0-1 months	1-3 months										
	Powder			Concentrate			RTF		Powder	Powder	Concentrate	RTF
	Ma	ax allowed = 870	OZ	Ma	Max allowed = 806 oz		Max allowed = 832 oz		Max = 104 oz	435 oz	364 oz	384 oz
Formula Type	Can	Reconstituted	Total	Can	Reconstituted	Total	Bottle	Total	Total	Total	Total	Total
	Size	Amount	Cans	Size	Amount	Cans	Size	Bottles	Cans	Cans	Cans	Bottles
Similac Advance	12.4 oz	90 oz	9	13 oz	26 oz	31	32 oz	26	1	4	14	12
Similac Sensitive	12.6 oz	90 oz	9	13 oz	26 oz	31	32 oz	26	1	4	14	12
Similac Sensitive for Spit-Up	12.3 oz	90 oz	9				32 oz	26	1	4		12
Enfamil Prosobee	12.9 oz	92 oz	9	13 oz	26 oz	31	32 oz	26	1	4	14	12
Alimentum	16 oz	115 oz	7				32 oz	26	1	3		12
Nutramigen Enflora LGG	12.6 oz	87 oz	10						1	5		
Nutramigen AA	14.1 oz	98 oz	8						1	4		
Neosure	13.1 oz	87 oz	10				32 oz	26	1	5		12
EnfaCare	12.8 oz	82 oz	10				32 oz	26	1	5		12
Pregestimil	16 oz	112 oz	7						1	3		
EleCare	14.1 oz	95 oz	9						1	4		
Neocate Infant DHA & ARA	14 oz	85 oz	10						1	5		

Partially Breastfeeding/Full Formula 4-5 months										
	Powder				Concentrate			RTF		
	Max allowed = 960 oz			Ma	Max allowed = 884 oz			Max allowed = 896 oz		
Formula Type	Can	Reconstituted	Total	Can	Reconstituted	Total	Bottle	Total		
	Size	Amount	Cans	Size	Amount	Cans	Size	Bottles		
Similac Advance	12.4 oz	90 oz	10	13 oz	26 oz	34	32 oz	28		
Similac Sensitive	12.6 oz	90 oz	10	13 oz	26 oz	34	32 oz	28		
Similac Sensitive for Spit-Up	12.3 oz	90 oz	10				32 oz	28		
Enfamil Prosobee	12.9 oz	92 oz	10	13 oz	26 oz	34	32 oz	28		
Alimentum	16 oz	115 oz	8				32 oz	28		
Nutramigen Enflora LGG	12.6 oz	87 oz	11							
Nutramigen AA	14.1 oz	98 oz	9							
Neosure	13.1 oz	87 oz	11				32 oz	28		
EnfaCare	12.8 oz	82 oz	11				32 oz	28		
Pregestimil	16 oz	112 oz	8							
EleCare	14.1 oz	95 oz	10							
Neocate Infant DHA & ARA	14 oz	85 oz	11							

Substantial	Substantially Breastfeeding 4-5 months								
Powder Max = 522 oz	Concentrate Max = 442 oz	RTF Max = 448 oz							
Max = 222 02	Max = 442 02	Max = 448 oz							
Total	Total	Total							
Cans	Cans	Bottles							
5	17	14							
5	17	14							
5		14							
5	17	14							
4		14							
6									
5									
6		14							
6		14							
4									
5									
6									

Partially Breastfeeding/Full Formula 6-11 months*									
	Powder Max allowed = 696 oz			Concentrate Max allowed = 624 oz			RTF Max allowed = 640 oz		
Formula Type	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles	
Similac Advance	12.4 oz	90 oz	7	13 oz	26 oz	24	32 oz	20	
Similac Sensitive	12.6 oz	90 oz	7	13 oz	26 oz	24	32 oz	20	
Similac Sensitive for Spit-Up	12.3 oz	90 oz	7				32 oz	20	
Enfamil Prosobee	12.9 oz	92 oz	7	13 oz	26 oz	24	32 oz	20	
Alimentum	16 oz	115 oz	6				32 oz	20	
Nutramigen Enflora LGG	12.6 oz	87 oz	8						
Nutramigen AA	14.1 oz	98 oz	7						
Neosure	13.1 oz	87 oz	8				32 oz	20	
EnfaCare	12.8 oz	82 oz	8				32 oz	20	
Pregestimil	16 oz	112 oz	6						
EleCare	14.1 oz	95 oz	7						
Neocate Infant DHA & ARA	14 oz	85 oz	8						

Substantially Breastfeeding 6-11 months*							
Powder	Concentrate	RTF					
Max = 384 oz	Max = 312 oz	Max = 320 oz					
Total	Total	Total					
Cans	Cans	Bottles					
4	12	10					
4	12	10					
4		10					
4	12	10					
3		10					
4							
3							
4		10					
4		10					
3							
4							
4							

^{*}When a formula is prescribed and the medical provider does not allow WIC supplemental foods, the formula amount is the same as the amounts in the 4-5 month tables.

Children Age 1-5 and Women										
	Ma	Powder Max allowed = 910 oz			Concentrate Max allowed = 910 oz			RTF Max allowed = 910 oz		
Formula Type	Can Size	Reconstituted Amount	Total Cans	Can Size	Reconstituted Amount	Total Cans	Bottle Size	Total Bottles		
Similac Advance	12.4 oz	90 oz	10	13 oz	26 oz	35	32 oz	28		
Similac Sensitive	12.6 oz	90 oz	10	13 oz	26 oz	35	32 oz	28		
Similac Sensitive for Spit-Up	12.3 oz	90 oz	10				32 oz	28		
Enfamil Prosobee	12.9 oz	92 oz	9	13 oz	26 oz	35	32 oz	28		
Alimentum	16 oz	115 oz	7				32 oz	28		
Nutramigen Enflora LGG	12.6 oz	87 oz	10							
Nutramigen AA	14.1 oz	98 oz	9							
Neosure	13.1 oz	87 oz	10				32 oz	28		
Pregestimil	16 oz	112 oz	8							
EleCare	14.1 oz	95 oz	9							
Pediasure w/ or w/o Fiber							8 oz	113		
Ensure							8 oz	113		
Neocate Junior	14.1 oz	61 oz	14							
EleCare Junior	14.1 oz	64 oz	14							
Boost w or w/o Fiber							8 oz	113		